

Authorized Sign-Out Form

Participant's	Name			
·		Last	First	MI
Parent/Guard	dian's Name ₋			
		Last	First	MI
my child fron	n the Outdoo	_	enture at	ave my permission to sign out / pick up the scheduled time of return. A picture
(1) Name: _	LAST	FIRST	MI	_ Relationship:
(2) Name: _	LAST	FIRST	MI	Relationship:
(3) Name:				Relationship:
	LAST	FIRST	MI	
Parent / Guardian Signature:				Date:

Return to: 1801 4th St NW 87102-1425